

Follow-Up Behavior Survey

*Adapted from Maine Department of Health & Human Services, Healthy Maine Partnerships.



Physical Activity:

(For questions 1-30, circle the appropriate response)

1. When you are at work, which of the following best describes what you do?
 - a. Mostly sitting or standing
 - b. Mostly walking
 - c. Mostly heavy labor or physically demanding work

2. In an average week, how many days do you participate in physical activities that cause increase in breathing or heart rate?

0— Never	2— 2 days	4— 4 days
1—1 day	3— 3 days	5— 5 days or more

3. On the days you participate in physical activities, how much time do you spend being physically active?

0—Less than 10 minutes	3—At least 30 minutes
1—At least 10 minutes	4—More than 30 minutes
2—At least 20 minutes	

4. In an average week, how many days do you perform strength activities?

0—Less than 10 minutes	3—At least 30 minutes
1—At least 10 minutes	4—More than 30 minutes
2—At least 20 minutes	

5. In an average week, how many days do you perform stretching activities?

0—Less than 10 minutes	3—At least 30 minutes
1—At least 10 minutes	4—More than 30 minutes
2—At least 20 minutes	

6. Which of the following best describes your physical activity level?
 - 0—Not physically active on a regular basis now and do not intend to start
 - 1—Not physically active on a regular basis now but am thinking of starting
 - 2—Trying to become physically active, or am physically active infrequently
 - 3—Physically active less than 5 times/week for 1-6 months
 - 4—Physically active 5 or more times/week for 1-6 months
 - 5—Physically active 5 or more times/week for 7 months or more



7. My employer provides opportunities for me to be physically active.

Strongly Disagree	Disagree	Somewhat agree	Agree	Strongly Agree
1	2	3	4	5

Nutrition:

8. In a usual week, how many days do you eat 5 or more servings of fruits and vegetables?

0—Never	3—3 days
1—1 day	4—4 days
2—2 days	5—5 days or more

9. My employer provides opportunities for me to consume fruits and vegetables.

Strongly Disagree	Disagree	Somewhat agree	Agree	Strongly Agree
1	2	3	4	5

10. In a usual week, how many cans of regular soda pop do you drink?
(Can = 12 oz)

0—None	1—One to two
2—Three to five	3—Six to ten
4—Ten or more	

11. Do you have access to healthy options in vending?

1—Yes	2—No
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12. Do you have access to healthy food options at meetings?

1—Yes	2—No
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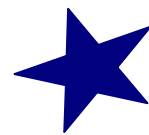
13. In a usual day, how many cups of skim or 1% milk do you drink?

0—None	1—One to two
2—Three or more	

Tobacco Use:

14. Do you currently smoke cigarettes everyday, some days, or not at all?

0—Not at all	1—Some days	2—Every day
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15. If you smoke, how many cigarettes do you smoke on an average day?
- | | |
|----------------------------|-----------------------------|
| 1—Less than 1 pack per day | 2—2 packs per day |
| 2—1 pack per day | 3—More than 2 packs per day |

16. Have you quit smoking cigarettes?
- 0—Never smoked, or quit for at least 5 years
 - 1—Yes, I have for more than 6 months
 - 2—Yes, I have, but for less than 6 months
 - 3—No, but I intend to in the next 30 days and have tried for at least 24 hours in the past year
 - 4—No, but I intent to in the next 6 months
 - 5—No, and I do not intend to in the next 6 months

17. My employer provides opportunities to help me quit smoking.

Strongly Disagree	Disagree	Somewhat agree	Agree	Strongly Agree
1	2	3	4	5

Worksite Support:

18. Indicate each of the items listed below that you have started or accomplished that were influenced by your company or work setting:

(Place a check beside all that apply.)

- Started being physically active regularly
- Maintained a regular exercise program
- Cut back on smoking
- Stopped smoking
- Developed skills to manage symptoms of depression
- Developed skills to manage stress in your life
- Developed healthier eating habits

Wellness Team Activities:

19. In the past 12 months were you aware of any of the following Wellness activities?
(Place a check beside all that apply.)

Note to Wellness Program Coordinator: List your company's Wellness activities here.



20. In the past 12 months have you participated in any of the following Wellness Activities? *(Place a check beside all that apply.)*

Note to Wellness Program Coordinator: List your company's Wellness activities here.

21. Did any of the specific activities listed in question 14 help you increase your physical activity level?

0—No

1—Yes

22. If yes, please list the activities that helped you increase your physical activity level.

23. Did any of the specific activities listed in question 14 help you eat more healthy?

0—No

1—Yes

24. If yes, please list the activities that helped you to eat more healthy.

25. Did any of the specific activities listed in question 14 help you cut down your use of tobacco products?

0—No

1—Yes

26. Did any of the specific activities listed in question 14 help you quit using tobacco products?

0—No

1—Yes

27. If yes to questions 19 or 20, please list the activities that helped you quit or cut down your use of tobacco products?



28. The activities of the Wellness Program have improved my satisfaction with my job.

Strongly Disagree	Disagree	Somewhat agree	Agree	Strongly Agree
1	2	3	4	5

29. The activities of the Wellness Program have improved my job performance.

Strongly Disagree	Disagree	Somewhat agree	Agree	Strongly Agree
1	2	3	4	5

30. The activities of the Wellness Program have improved my opinion of
[employer name] as a positive place to work.

Strongly Disagree	Disagree	Somewhat agree	Agree	Strongly Agree
1	2	3	4	5